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Revised: Jan-04

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DANIEL	25	CARRE	WASHOE	COUNTY	VEHOOC	25/57	MUG
Name (print)			Office (i	f applicable)			

District (if applicable)

IN KIND

Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100 Transfer Total Value of All In-Kind Campaign Contributions to Line 4 of Contributions Summary

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH IN KIND CONTRIBUTION	DESCRIPTION OF EACH IN KIND CONTRIBUTION	VALUE OR COST OF EACH IN KIND CONTRIBUTION	CHECK HERE IF LOAN
SPECIALTY HEAVETH 350 W, CM ST. #20 RENO, W. 89503	7/29/04	FUNDRAISING PARTY	1,150	
BEN'S 3495 LAKESIDE DR RENO, NV. 89509	Li	BEER	<i>3</i> 0	<u>.</u>
NECSON BRES POROX 12338 RENO, NV. 89 1,0	u,	WINE	585	1
NAPA BONOMA 294 E. MOANA RENO, N. 69 TOZ	¥ ;	FOOD	500	1
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PAULCE D CAPLE
Name (print)

WAS HOE OUNTY SCHOOL DISTRICT
Office (if applicable)

District (if applicable)

Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100 Transfer Total Amount of All Campaign Contributions to Line 1 of Contributions Summary

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION	CHECK HERE IF LOAN
			,
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DAVIEL D Name (print)

WASHUE CTY SCHOOL DISTRICT
Office (if applicable)

District (if applicable)

Expense Categories

CATEGORIES		CODE
Office expenses		A
Expenses related to volunteers		В
Expenses related to travel		С
Expenses related to advertising		D
Expenses related to paid staff		E
Expenses related to consultants		F
Expenses related to polling		G
Expenses related to special events		Н
** Goods and services provided in kind for which money would otherwise have been paid		
Other miscellaneous expenses		J
Expenses related to NRS 294A.160 (Dispos	ition of Unspent Contributions)	К

^{**} NRS 294A.362 requires "In Kind" contributions and expenses to be reported on a separate form, which is attached.

DANIEL D. CARNE

WASHOE COUNTY SCHOOL DISTING

District (if applicable)

Name (print)

Office (if applicable)

Expenses in Excess of \$100

Transfer Total Amount of All Campaign Expenses to Line 5 of Expenses Summary

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY (See Previous Page) NRS 294A.365	DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE
WOOSTER FOOTBALL 1331 E. RUMB CANE RENO, NV. 89502	D	6/22/01	200
REND-SPANUS CHAMBER OF COMMUNICE I E 151 ST RENO LU. 8950/	\mathcal{D}	7/16/01	415
WASHEE COUNTY REAPULAN 4655 MEADOWS PANLWAY NEW, NV. 39511	D	4/23/04	150

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